

REPORTING PERIOD:

1/1/2024 - 12/31/2024

Evaluation criteria for this worksheet: Response required for each highlighted cell, even if there are no current clinics in your service area at that tier level. If a question is not applicable, write N/A. Non-response in a highlighted cell will not be approved. Add or subtract additional rows as needed. Guidance can be found on page 12 of the *VBP Technical Guide*: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf>

Tier level	Number of contracted clinics	Average PMPM payment
Tier 1	0	
Tier 2	0	
Tier 3	5	
Tier 4	20	
Tier 5	11	

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CCO NAME:

Trillium Community Health Plan SW Region

REPORTING PERIOD:

1/1/2024 - 12/31/2024

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Brief description of the five largest models, defined by dollars spent and VBPs implemented (e.g. condition-specific (asthma) population-based payment)	Most advanced LAN category in the VBP model (4 > 3 > 2C) Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.	Percentage of payments made through this model at the highest indicated LAN category	Additional LAN categories within arrangement	Total dollars involved in this arrangement	Quality metric(s)	Brief description of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; & - individuals with complex health care needs
Example: Shared risk arrangement with hospital-based maternity providers	3B (Risk Sharing Rate: 30%)	90%	1 (FFS)		Timeliness of Prenatal and Postnatal Care	A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/obstetric population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than expected spending.	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
Total Cost of Care (TCoC): Risk sharing inclusive of upside and downside, capitation payments including a withhold for downside risk, and opportunity for quality incentives.	4B (Risk Sharing: 100% of Withhold)	75%	4B		CCO Quality Metrics	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider is at risk for their total population and all services.	All members assigned to the PCP clinics are included, agreements include a percent of members seen metric to ensure access to care as well as a requirement for accepting new members.
Dental PMPM capitation and quality improvement withhold (at risk)	4B (Risk Sharing: 100% of withhold tied to quality metric)	87%	2C		CCO Quality Metrics	Dental providers for total population and all services	Model is inclusive of Provider's total population including complex members.
PCP capitation payments including a withhold for downside risk, withhold is earned through quality metric performance.	2A	41%	2A		Subset of CCO Quality Metrics	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider is at risk for their total population and all services.	All members assigned to the PCP clinics are included, agreements include a percent of members seen metric to ensure access to care as well as a requirement for accepting new members.
PCP customized risk sharing based on provider's performance, blend of capitation and fee for service reimbursement with quality incentives.	3B (Risk Sharing Rate: 100% - 50%)	14%	3B		HEDIS measures and participation in CCO Quality Metrics	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider is at risk for their total population and all services.	All members assigned to the PCP clinics are included, agreements include a percent of members seen metric to ensure access to care as well as a requirement for accepting new members.
Complex Case Management Fee including a withhold for downside risk, sharing in surplus and quality metrics.	2C	100%	2C		Subset of CCO Quality Metrics	Population based PMPM for complex members, at risk for all members receiving the PMPM.	Cohort of complex members with a minimum of 5 chronic Medical and 1 BH conditions.

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

Trillium Community Health Plan SW Region

	Hospital
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3B

Per diem inpatient psychiatry payment, downside risk tied to quality metrics

Inpatient Psychiatry Services

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Trillium Community Health Plan SW Region

Maternity	
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	2C
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Quality Incentives	
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Applies to all members who qualify for the denominator

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Required implementation of care delivery areas by January 2025: Refer to Value-based Payment Technical Guide for CCOs at <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf> for more information on requirements.

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan SW Region
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	Behavioral Health
LAN category (most advanced category)	4B
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Complex Case Management Fee including a withhold for downside risk, sharing in surplus and quality metrics. Population based PMPM for complex members, at risk for all members receiving the PMPM.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Cohort of complex members with a minimum of 5 chronic Medical and 1 BH conditions.
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
EHR Measure: Cigarette Smoking Prevalence ¹	CCO Metrics	OHA Benchmark	28.08%
EHR Measure: Depression Screening and Follow-Up Plan ²	CCO Metrics	OHA Benchmark	84.55%
EHR Measure: Diabetes HbA1c Poor Control ¹	CCO Metrics	OHA Benchmark	17.12%
EHR Measure: Drug and Alcohol Screening (SBIRT) ²	CCO Metrics	OHA Benchmark	87.69%
NCQA Measure: Oral Evaluation for Adults with Diabetes	NCQA	National benchmark	40.27%
NCQA Measure: Statin Therapy for Patients with Diabetes	NCQA	National benchmark	75.69%
NCQA Measure: Eye Exam for Patients with Diabetes	NCQA	National benchmark	82.43%
NCQA Measure: Statin Therapy for Patients with Cardiovascular Disease	NCQA	National benchmark	79.91%
NCQA Measure: Controlling High Blood Pressure	NCQA	National benchmark	78.62%

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Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	Dental Providers
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Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Dental PMPM capitation and quality improvement withhold (at risk), eligible for quality incentive. Dental providers for total population and all services.
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Total dollars paid	
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Total unduplicated members served by the providers	
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
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If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	
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Required implementation of care delivery areas by January 2025: Refer to Value-based Payment Technical Guide for CCOs at <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf> for more information on requirements.

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan SW Region
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	Children's Health
LAN category (most advanced category)	2C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Quality Incentives
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Applies to all members who qualify for the denominator
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Adolescent Immunizations	CCO Metrics	OHA Benchmark	22.93%
Childhood Immunization Status	CCO Metrics	OHA Benchmark	47.87%
Assessments for Children in DHS Custody	CCO Metrics	OHA Benchmark	89.47%
Preventive Dental or Oral Service Utilization Ages	CCO Metrics	OHA Benchmark	56.33%
Preventive Dental or Oral Service Utilization Ages	CCO Metrics	OHA Benchmark	60.56%
Well-Child Visits Ages 3-6	CCO Metrics	OHA Benchmark	51.50%
Kindergarten Readiness: Social-Emotional Health	CCO Metrics	OHA Benchmark	36.29%